



# LOS ANGELES COUNTY DEPARTMENT OF CONSUMER AFFAIRS

500 West Temple Street, Room B-96  
Los Angeles, CA 90012-2706

## INTERNSHIP APPLICATION

(Please Print )

Name: _____		Phone: _____	
(Last)	(First)		
Address: _____			
(Number)	(Street)	(City)	(Zip Code)
Birthdate: _____		School: _____	
		(If retired, previous occupation)	
School Year _____		E-mail: _____	

Other Languages: \_\_\_\_\_ CA Drivers License #: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Emergency Information:

Name:  
Telephone Number:

Relationship:

### Medical Contact:

Name:  
Telephone Number: \_\_\_\_\_  
Medical Coverage: \_\_\_\_\_

Circle the most convenient days and times available for you to volunteer:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<b>Morning</b>	<b>Morning</b>	<b>Morning</b>	<b>Morning</b>	<b>Morning</b>
<b>Afternoon</b>	<b>Afternoon</b>	<b>Afternoon</b>	<b>Afternoon</b>	<b>Afternoon</b>

Please list previous/current volunteer work:

Why do you have an interest in volunteering with the Department of Consumer Affairs?

Do you have any physical limitations that you wish considered in your volunteer placement?    Yes    No

If yes, please describe:

Please list 2 references (do not include relatives):

Name:\_\_\_\_\_

Phone:\_\_\_\_\_

Address:\_\_\_\_\_

—

(Number)

(Street)

(City)

(Zip Code)

Name:\_\_\_\_\_

Phone:\_\_\_\_\_

Address:\_\_\_\_\_

—

(Number)

(Street)

(City)

(Zip Code)

I understand and agree that during the time I volunteer my services to the Department of Consumer Affairs, I may not in any way solicit as a client any person contacting the Department of Consumer Affairs for information and assistance.

I further understand that the references I have provided may be contacted by department staff.

To the best of my knowledge the above information is true. I understand that this is not an application for employment and that my acceptance into the Department of Consumer Affairs Volunteer Program does not constitute employment by the County of Los Angeles.

Signature\_\_\_\_\_Date\_\_\_\_\_